

State of California
Environmental Protection Agency
Air Resources Board
PO Box 1955
1001 "I" Street
Sacramento, CA 95814
916-327-1524 916-322-6950
cargotank@arb.ca.gov
ED/FCEB-Form #042 (Rev. 06/04)

ARB USE ONLY
Amt: \$
Date:
Chk#:
Initial:
of apps:
Notice:

Version 11

Cargo Tank Vapor Recovery Certification Application

Please TYPE or PRINT

PART A: Owner/Operator (All information must be entered on this application).

Company Name	_____	Phone	_____
Mailing Address	_____	Fax	_____
City and State	_____	Zip Code	_____
Cargo Tank # (CT)	_____	New	Renew
	Assigned by CARB	Change of Owner	
		Please Circle One	
License #	_____	Unit/Equipment #	_____
		Serial #	_____
Manufacturer	_____	Capacity	_____
		Vehicle Type:	Truck
			Trailer
			Semi
			Bobtail
			Year
# of Compartments	_____	Delivery Type:	Pump
			Gravity
			Both
			Date Tested
Date of Contact	_____	Method of Contact:	Phone
			Fax
			Email
			Time Tested
			Please Circle One

NOTE: As a condition of testing, the cargo tank Owner/Operator must notify ARB of testing at least **48 HOURS PRIOR** to testing. Notification can only to be made between the hours of 8:00 a.m. and 4:00 p.m. Monday through Thursday and 8:00 a.m. and 12:00 p.m. on Friday by calling 916-327-1524, emailing cargotank@arb.ca.gov, or faxing 916-445-6024.

I hereby certify under penalty of perjury to the accuracy of the above information.

Owner/Operator: _____
Printed Name Signature

PART B: Test Company (All information must be entered on this application).

Company Name	_____	Phone	_____
Mailing Address	_____	Fax	_____
City and State	_____	Zip Code	_____
Address of Test	_____		
Date Tested	_____	Time Tested	_____
		Repairs Made:	Yes No
			Please Circle One

Please attach a list of all repairs made.

Pressure Change	_____	Vacuum Change	_____	Interval Vapor Valve Test	_____
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I hereby certify under penalty of perjury, that the tank described above has been tested in accordance with the certification and test procedures set forth by the California Air Resources Board, and to the accuracy of the results.

Test Conducted By: _____
Printed Name Signature

Please return this completed form with a processing fee of \$20 payable to: **ARB/CARGO TANK**.
NOTE: Applications submitted later than 15 DAYS PRIOR to expiration require a \$40 processing fee.

ARB USE ONLY

Decal Number	_____	CARB	_____	Expiration Date	_____
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